

**PLANNING COMMITTEE MEETING
SUMMARY NOTES
JUNE 9, 2004 · 10:30 – 12:00 P.M.**

I. Welcome and Introductions

Thirty-five stakeholders in attendance. The focus of today's meeting was to provide a "big picture" overview of the three LTCIP integration strategies, to discuss stakeholder feedback and revisions made to the Draft Administrative Action Plan (AAP) for Healthy San Diego Plus (HSD+) and to develop consensus to continue development of all 3 strategies and to accept the draft AAP as a working blueprint to continue planning for HSD+.

II. Announcements

- LTCIP staff will seek Board of Supervisor approval of draft AAP and continued development of all 3 strategies on July 13, 2004
- The Draft AAP will be forwarded to State Office of Long Term Care by June 30, 2004, as the required deliverable for this year's LTCIP Development Grant (FY 2003-04)

III. The "Big Picture"

Mark Meiners, Ph.D., National Director, Robert Wood Johnson Foundation Medicare/Medicaid Integration Program, provided stakeholders with a big picture overview of how the three LTCIP strategies present a complementary array of models working toward full integration that can stand alone and/or work well together. Key points of overview:

- All 3 strategies build upon the need to change one's mindset about today's health care system and the notion that the San Diego community and the nation as a whole need to develop more effective ways for the medical and social systems to work better together for the aged and disabled.
- Network of Care is an approach that supports an integrated information and communication system that builds upon the County's investment to import local information to a local web-based software program. Network of Care goals: (1) provide user-friendly information on health and social services for consumers, caregivers, and providers; (2) enhance the use of the system as a communication tool; (3) develop a warehouse of information on self-care management, healthy lifestyle choices, and other information to improve quality of life; and (4) explore the potential of use as a communication system for the two service delivery options (HSD+ and Physician Strategy)
- The Physician Strategy/fee-for-service model is focused on identifying problems and creating solutions to improve linkages, coordination and communication between consumers, caregivers and providers and across the medical and social support systems. The Physician Strategy would provide physicians and the community-based organizations (CBOs) that support primary care practices with incentives to improve chronic care management in the community.
- Healthy San Diego Plus (HSD+), a fully integrated service delivery model, is the most comprehensive of the three strategies to be tested and is expected to be the most effective in creatively meeting the needs of aged and disabled beneficiaries. HSD+ will have the ability to improve consumer benefits by pooling Medicare and Medicaid funding, minimizing administrative barriers, eliminating cost shifting incentives, and offering care coordination support to consumers to help them better use community-based social and medical care.

IV. Highlights of Feedback and Revisions

- Physician's opposed to "more managed care." Response: HSD+ is not managed care in the traditional sense where the focus is only on managing the benefits package. Rather HSD+

represents a systemic change of providing integrated chronic care management where there is more flexibility to create new options and services that can be purchased based on individual need.

- Effective chronic care management allows for the downward substitution of high cost services (e.g., unnecessary hospital, ER and SNF use) for more desirable home and community-based care.
- Health plans are concerned that HSD+ competes with the Physician Strategy for physician providers. Response: Health Plans and providers need to keep in mind the global vision of improving care for the entire community. Health plans should be in a better position to offer support and incentives to MDs and physician offices to participate in HSD+ than might be available in the managed fee-for-service model.
- Care manager “sub-contracting” with community based providers removes utilization control from the contracting provider network. Response: This approach builds care management expertise and infrastructure within the community as a whole. Care managers will operate within the team setting with the primary care doc, consumer, caregiver, and other involved professionals. Standards will need to be developed jointly by contractors, care management agencies and HSD+ to address/work through issues.
- Is there enough money in system (like MassSCO)? Response: An integrated service delivery model addresses this concern by better coordinating existing services and using current resources more effectively (e.g., substituting home and community based care for high cost services). PACE costs for nursing home certifiable beneficiaries in CA and Mass are the same currently.
- More detail (all categories) is needed, including technical assistance for potential contractors. Response: The AAP will always be a living, working document that will be modified and revised based on on-going feedback, analysis and experience. Pending State legislation would provide San Diego with the resources to plan the final detail of HSD+.
- Eliminated “300/mo” to avoid unnecessary confusion. The long-term goal, which is subject to change based on experience, is to enroll 10,000 members within the first 3 years.
- The elderly (65+) disabled are included in all implementation phases. Mental Health and other specialty services are also included.
- Eliminated planning or recommending “mandatory” enrollment. The State may make the decision to push mandatory enrollment in the future, but this is not desired for HSD+.

V. Challenges added to AAP –see Section 9 of AAP for more detail

- Lack of interest/participation by contractors
- Lack of member choice of enrollment into HSD+
- Inability to negotiate w/CMS & DHS in timely manner
- Actual or perceived insufficient funding
- Insufficient provider support across the continuum
- Insufficient admin funding \$\$ for pre-implementation activities
- Diversion of attention to other opportunities that may present

VI. Group Discussion – the following bullets highlight many of the questions and comments raised by stakeholders:

- Q: What are the projected start-up costs for HSD+ and how will they be paid for? A: Projected costs are \$550,000 for year 1 and \$750,000 for year 2. LTCIP is seeking grant funding from the state for these start-up costs and will also pursue other funding, if necessary.
- Q: What will be the mechanism for involving CBOs in HSD+? A: Ideas include technical assistance workshops to better prepare CBOs in developing provider networks and contracting with health plans.

- Fraud and abuse protections need to be built into system that address issues that currently exist in the managed care environment.
- The Physician Strategy has the ability to accomplish most of the goals outlined in HSD+, but without the need for capitation (e.g., save a significant amount of money, produce better and coordinated care for consumers, address perceived and/or actual fraud and abuse concerns in managed care).
- Two service delivery models allows for choice. Both are geared toward improving chronic care management, but HSD+ is a population-based approach that will have the ability to serve a greater number of aged and disabled County residents with more creativity and flexibility.
- Need to ensure that appropriate industry terminology is used to differentiate between the medical and non-medical services to be offered in HSD+ or any other service delivery model (e.g., “home care aide” is the industry term for non-medical social services vs. “home health agency services,” which is a current State Plan service provided by Medi-Cal).
- “Home care aide” and other such value-added social services currently go beyond the traditional Medi-Cal list of services, but can be offered in an integrated program where there is built-in flexibility to offer additional, wraparound services based on individual need.

VII. Consensus Development

Action Item #1 -To continue development of all 3 options. **Vote:** All stakeholders present voted to support continued development of the Network of Care, Physician and Healthy San Diego Plus strategies.

Action Item #2 - To accept the Draft AAP as a working blueprint to continue planning for HSD+.

Vote: All stakeholders (except one) voted to accept the Draft AAP as a working blueprint to continue planning for HSD+, 1 abstained.

VIII. Adjourn-

Next Planning Committee Meeting
Wednesday, July 14, 2004, 10:30 – Noon
Sharp Operations Center
8695 Spectrum Center Court, San Diego, CA 92123.

Agenda: Guest presenter, Steve Landkamer, Wisconsin Partnership Program
“HOW INTEGRATION CAN IMPROVE CARE”

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